

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/763699	FILED AND INDEXED
APPLICANT(S)		

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	2					
4						
5	2					
6	2					
7						
8	1	1				
9	1	1				
10	1	1				
11						
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TOTAL IND.	2		/			
TOTAL D.P.	18	↙	↙	↙	↙	↙
TOTAL CLAIMS	20	↙	↙	↙	↙	↙

NO.	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL D.P.		↙	↙	↙	↙	↙
TOTAL CLAIMS	20	↙	↙	↙	↙	↙

BEST AVAILABLE COPY